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CONFIRMATION NO. 1174

<b>SERIAL NUMBER</b> 10/817,150	<b>FILING OR 371(c) DATE</b> 04/02/2004 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2609	<b>ATTORNEY DOCKET NO.</b> 6500-019
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## APPLICANTS

Artoun Ramian, Madrid, SPAIN;

## \*\* CONTINUING DATA \*\*\*\*\*

ok y.l.

This appln claims benefit of 60/459,771 04/02/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NON Z.C.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
06/18/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> SPAIN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

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## TITLE

Freehand symbolic input apparatus and method

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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